



## World Day of Prayer and Action for Children

### ABCs for Action and Advocacy

# INFANT NUTRITION AND BREASTFEEDING

**Breastfeeding saves lives!** The Day of Prayer and Action for Children (DPAC) campaign to increase breastfeeding is an action strategy toward Millennium Goal #4, to reduce child-mortality by two-thirds. And that can only happen in partnership with community leaders like you, who share our passion to create a safe and healthy world for children.

Breastfeeding reduces rates of mortality for children under five years old, and exclusive breastfeeding for an infant up to 6 months old boosts that child's chances for survival.

This quick guide will walk with you through the world of breastfeeding today. What changes need to be made? What organizations are working on the issue, and what resources do they offer? This guide is meant to welcome, inform and encourage you by sharing:

- A. the breastfeeding issue worldwide, highlighting the "Facts for Life" consortium made up of UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank
- B. strategies and work in progress
- C. roles of leaders, links to resources and ideas for taking action

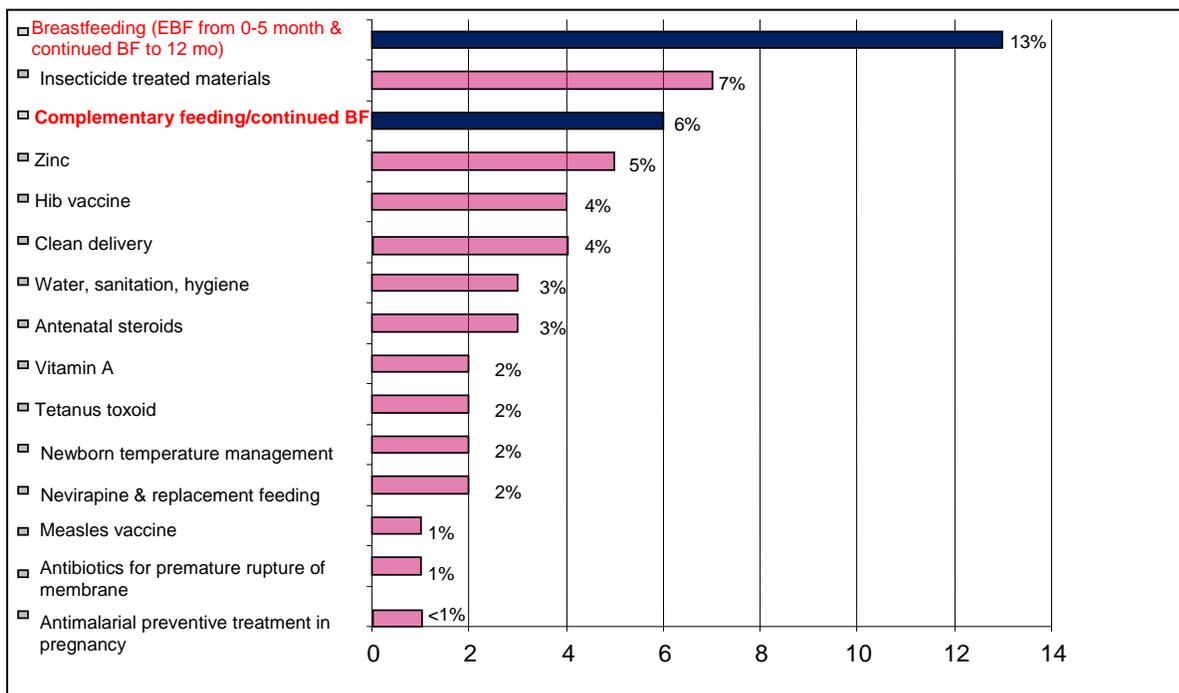
Thank you for promoting breastfeeding for the well-being of children. Your partnership is vital, and we are grateful for it. We look forward to hearing your reports and stories of innovations and lessons learned along the way.

# A: THE BIG PICTURE

## GLOBAL SUMMARY

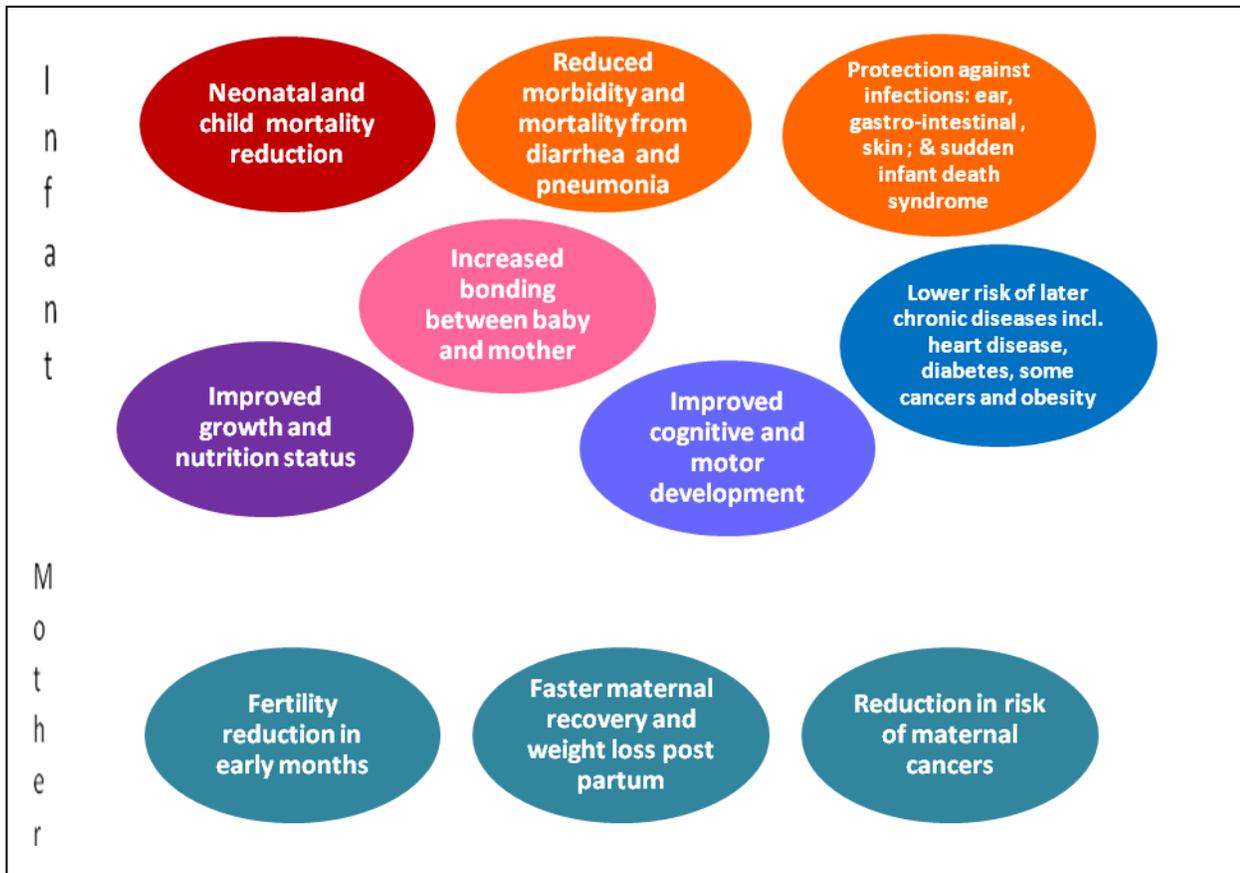
**Why is breastfeeding so important?** An excellent one page summary can be found at <http://www.factsforlifeglobal.org/04/>. It introduces the breastfeeding section of *Facts for Life*, the trusted handbook developed by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank on how to raise healthy children. *Facts For Life* estimates that every year, almost 9 million children die from preventable and treatable diseases before they are five years old; and that some 1.2 million children will be saved from death if they are fed only breastmilk in the first six months of their lives. Breastfeeding protects babies from illnesses and strengthens their chances to survive and develop in a healthy way. High coverage with optimal breastfeeding practices has potentially the single largest impact on child survival of all preventive interventions, according to *The Lancet*.<sup>1</sup>

### Estimated under-5 deaths in developing countries that could be prevented with high coverage of preventive interventions



<sup>1</sup> Jones G. et al., 'How many child deaths can we prevent this year?' (Child Survival Series) *The Lancet*, 2003, Vol 362.

**Breastfeeding has numerous benefits for infants and young children and their mothers<sup>2</sup>:**



The following data sheds further light on the potential impact of optimal breastfeeding practices and summarizes the global situation:

- 1) A non-breastfed child aged less than six months is ten times more likely to die from diarrhea compared to an exclusively breastfed child and 14 times more likely to die from all causes.<sup>3</sup>
- 2) Initiation of breastfeeding within the first hour could prevent up to an estimated 20% of neonatal deaths due to all causes.<sup>4</sup>
- 3) Undernutrition is responsible for an estimated 35% of the 8.8 million deaths annually among children under five.<sup>5</sup>
- 4) Fewer than 37% of infants worldwide are exclusively breastfed for the first six months of their lives and 49% are still breastfeeding at 20-23 month<sup>6</sup>

The United Kingdom's DFID (Department for International Development) calls breastfeeding an

<sup>2</sup> Leon-Cava et al., Quantifying the benefits of breastfeeding: a summary of the evidence, PAHO/Linkages, 2002.

<sup>3</sup> Lamberti et al., 'Breastfeeding and the risk for diarrhea morbidity and mortality,' Article in press, 2010.

<sup>4</sup> Edmond, K et al., 'Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality,' *Pediatrics* 117 (3), 2006 Mar, e380-6, and Mullany L. et al., 'Breastfeeding Patterns, Time to Initiation and Mortality Risk Among Newborns in Southern Nepal,' *The Journal of Nutrition* 138, 2008, 599-603.

<sup>5</sup> Robert Black et al., 'Maternal and Child Undernutrition 1: global and regional exposures and health consequences,' *The Lancet* 371 (9608), 2008, 243-360

<sup>6</sup> UNICEF, *State of the World's Children, Special Edition 2010: Statistical Tables*, November 2009.

“intervention with sufficient evidence to implement in all countries.” DFID also reports that “with individual and group counselling, the odds of exclusive breastfeeding were substantially increased in the neonatal period and at 6 months of age.”<sup>7</sup>

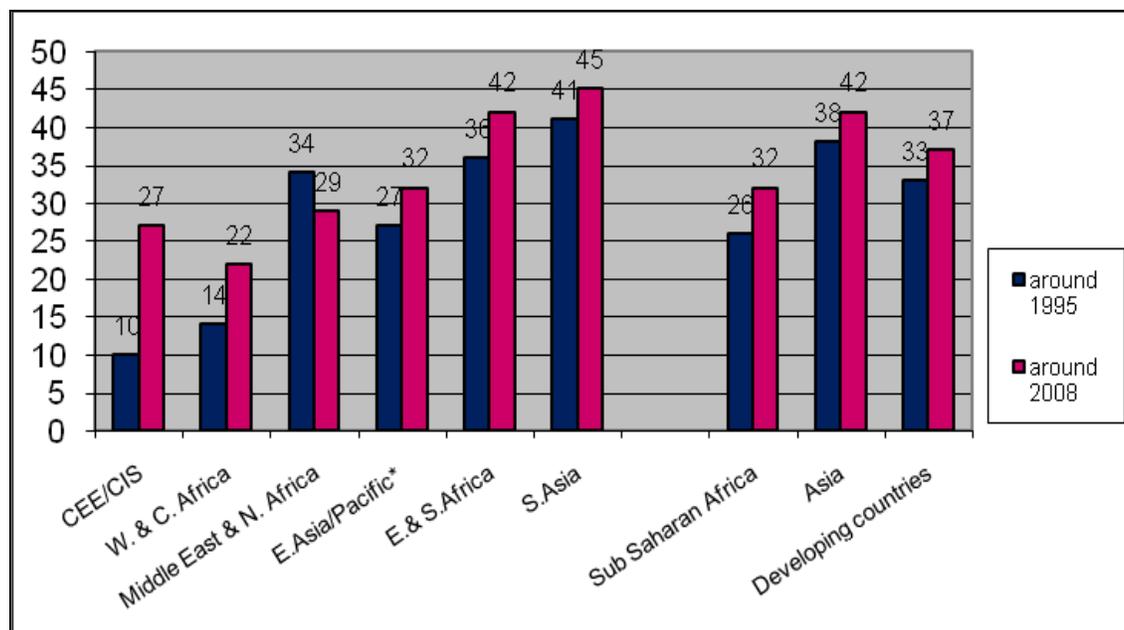
**Our goal:** In a perfect world, there would be no children at risk for survival. As UNICEF so aptly declares, “Every day 24,000 children die, and we think that number should be zero.” But in the face of worldwide realities, we determine to save two out of three infants and toddlers at risk by 2015. This is stated in Millennium Development Goal #4, set by the member countries of the United Nations in 1990: to reduce under-five child mortality by two-thirds between 1990 and 2015.

The Facts for Life consortium agrees that breastfeeding is the natural, recommended and best way to provide infants with the nutrients they need. They recommend breastfeeding for up to two years and beyond, for the survival of babies and to improve the health and development of millions of children.

## REGIONAL FACTS: A CLOSER LOOK

The chart below incorporates statistics from UNICEF’s most recent *The State of the World’s Children, Statistical Summary*.<sup>8</sup> It shows trends in exclusive breastfeeding by region in 1995 and 2008 for infants younger than six months old.

**Percentage of infants less than six months exclusively breastfed in 1995 and 2008, by region**



\*Excludes China. Source: UNICEF *State of the World’s Children* (2009) and *Progress for Children* (2007)

<sup>7</sup> DFID, *The neglected crisis of undernutrition: Evidence for action*, 2010.

<sup>8</sup> UNICEF, *SOWC: Special Edition 2010, Statistical Tables*, November 2009.

[http://www.unicef.org/publications/files/SOWC\\_Spec\\_Ed\\_CRC\\_Statistical\\_Tables\\_EN\\_111809.pdf](http://www.unicef.org/publications/files/SOWC_Spec_Ed_CRC_Statistical_Tables_EN_111809.pdf)

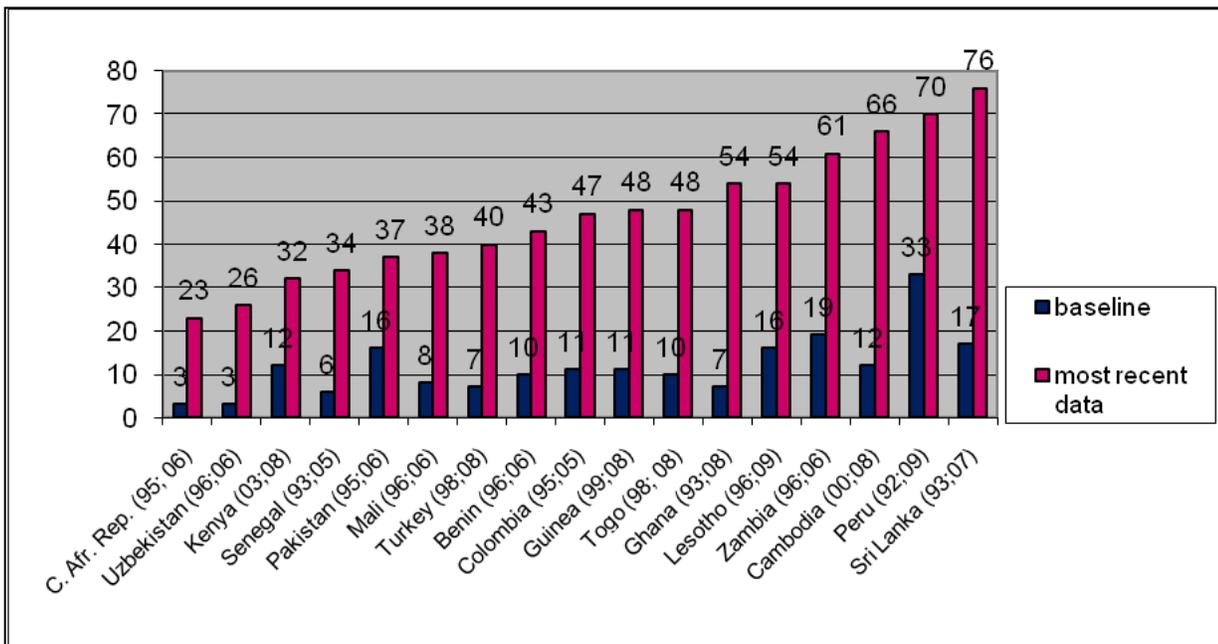
## B. THE WORK IN PROGRESS

### PROGRESS TO DATE

Although the global exclusive breastfeeding rate has not increased much since 1990, significant progress is possible, as demonstrated by 17 countries (many from Africa) which have recorded increases in exclusive breastfeeding rates of >20 percentage points over periods of around ten years. Some countries moved from extremely low rates to quite high rates. Many of these countries face significant development challenges.

Factors for success in these countries, generally speaking, are the large-scale implementation of comprehensive programmes to promote, support and protect breastfeeding, with strong government leadership and broad partnerships.

Countries which increased exclusive breastfeeding rates by 20 percentage points or more



## EFFECTIVE STRATEGIES

A comprehensive infant and young child feeding (IYCF) programme needs to include a package of effective interventions for breastfeeding and complementary feeding at different levels: national policy, health service actions, community based support and communication for behavior change. UNICEF and WHO developed and endorsed in 2002 a “Global strategy for infant and young child feeding” which provides the rationale, goals and objectives, main guiding principles and strategic areas of action for improving infant and young child feeding practices.<sup>9</sup>

Evidence-based actions to protect, promote and support breastfeeding include:

- **Enforcement of comprehensive national legislation** on the marketing of breastmilk substitutes, which can curb sales of breastmilk substitutes
- **Institutional changes to improve breastfeeding practices in maternity care settings**, which effectively increases breastfeeding initiation and duration rates
- **Use of professional counselors**, effective in extending the duration of any breastfeeding
- **Use of lay and peer counselors**, effective in increasing the duration of exclusive breastfeeding
- **Various types of community-based breastfeeding promotion and support**, which can improve breastfeeding practices in developing countries
- **Media campaigns** which have been shown to improve attitudes towards breastfeeding and increase initiation rates, and **social marketing** which has been established as an effective behavioral change model
- **Workplace support programmes**, which can increase the duration of breastfeeding (evidence from industrialized countries)

### How can these strategies be delivered?

#### At the national level

1. Develop country-specific policies, strategies and plans to carry out the main operational objectives of the IYCF Global Strategy
2. Adopt and enforce national legislation on the marketing of breastmilk substitutes and maternity protection for working women
3. Adopt and implement up-to-date national policies on infant feeding in the context of HIV and infant feeding in emergencies

#### In health services

4. Ensure that various cadres of health workers receive adequate IYCF content in national pre- and in-service curricula; conduct training and supportive supervision for all health workers
5. Establish the 10 Steps to Successful Breastfeeding (Baby Friendly Hospital Initiative) as standard practice in all maternity facilities, to improve breastfeeding practices

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<sup>9</sup> WHO/UNICEF, *Global Strategy on Infant and Young Child Feeding*, 2003. This 30-page publication is downloadable in Arabic, Chinese, English, French, German, Italian, Russian, Spanish.  
[http://www.who.int/nutrition/topics/global\\_strategy/en/index.html](http://www.who.int/nutrition/topics/global_strategy/en/index.html)

6. Integrate IYCF counseling and support within primary health care services, integrating it within newborn care, prevention of mother to child transmission services, well-child and sick child services and the management of acute malnutrition

### **At community level**

7. Build capacity for community health workers to carry out IYCF counseling and promotion; create mother support groups

### **Communication**

8. Develop communication strategies to promote breastfeeding, using multiple channels and messages tailored to the local context and the area-specific barriers to breastfeeding

### **Monitoring and Evaluation**

9. Monitor and evaluate with focus and effective use of data generated for planning, design and strategic shifts where required

## **PARTNERSHIPS, INITIATIVES AND RESOURCES**

Delivering these interventions at scale and getting results in terms of increasing breastfeeding rates calls for wide-reaching partnerships at all levels.

Some of the many organizations working globally are listed here, together with their websites and the type of breastfeeding resources that they offer. Many countries also have a coordination forum of different groups working on breastfeeding. More partnerships are strongly welcomed and encouraged!

**The Infant and Young Child Nutrition (IYCN) Project:** The IYCN Project (a USAID project) maintains a collection of resources on maternal nutrition, infant and young child feeding, prevention of mother-to-child transmission of HIV and more. The website has training materials, research, articles, case studies, guidance and other publications. [www.iycn.org](http://www.iycn.org)

**The International Baby Food Action Network (IBFAN)** consists of a coalition of public interest groups working around the world to reduce infant and young child morbidity and mortality and improve the health and well-being of babies, their mothers and families through the protection, promotion and support of breastfeeding and optimal young child feeding practices. The website contains resources, ideas for action, fact sheets news and publications, including those of the International Code Documentation Center, a member of the IBFAN network focused on the implementation of the International Code of Marketing of Breastmilk Substitutes. <http://www.ibfan.org>

**The Linkages Project:** Another former USAID-funded nutrition project called “Linkages” also maintains a website with training, counseling and communication materials on breastfeeding: <http://www.linkagesproject.or/tools/ccards.php>

**UNICEF** is a major partner for breastfeeding. Its website contains pages on infant and young child feeding, resources, stories, reviews and case studies of successful breastfeeding programmes and links: [http://www.unicef.org/nutrition/index\\_breastfeeding.html](http://www.unicef.org/nutrition/index_breastfeeding.html). You can also obtain detailed programme guidance and training materials on communication for behavior change on breastfeeding and community-based IYCF counseling from the Nutrition Section at UNICEF New York (e-mail: [nutrition@unicef.org](mailto:nutrition@unicef.org)).

**The World Alliance for Breastfeeding Action (WABA)** organizes a World Breastfeeding Week every year from 1 to 7 August. More than 120 countries take part. [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

**World Health Organization:** For technical guidance, policy statements, training courses, meeting reports and more on IYCF, see the WHO webpages from their departments on (1) nutrition and (2) child and adolescent health. <http://www.who.int/nutrition/en/> and [http://www.who.int/child\\_adolescent\\_health/en/](http://www.who.int/child_adolescent_health/en/)

## WHAT WORKS: NOTES FROM THE FIELD

**Cambodia: From 11% to 60% exclusive breastfeeding in 5 years:** This dramatic increase in breastfeeding rates for children under 6 months is the result of an integrated approach involving many partners in Cambodia. The major lessons learned are that the integrated approach can have a rapid impact on the intended outcome because of the sustained support and commitment through behavior change. High level advocacy, including legal reasons to regulate infant feeding products, was combined with community-level support networks, local government engagement and aggressive media outreach. Although the majority of babies are born outside of hospital facilities, the community support groups bring breast-feeding skills to pregnant women and mothers within their local communities. See the Cambodia case study in *Learning from Large-Scale Community Based Programmes to Improve Breastfeeding Practices, a report with case studies of 10 countries*.

WHO/UNICEF/AED/USAID,2008 .<http://www.who.int/nutrition/publications/infantfeeding/9789241597371/en/index.html>

**Sri Lanka: Largest increase in exclusive breastfeeding rates:** Findings from the national 2006/07 Demographic and Health Survey (DHS) indicate that the exclusive breastfeeding rate among infants under 6 months is 76 percent. At the time of the first DHS in 1987, the exclusive breastfeeding rate among children less than six months old was only 10 percent. In the next six years the rate increased to 17 percent and then jumped to 53 percent in 2000. Factors contributing to Sri Lanka's success include a well-developed health system, strong breastfeeding advocates and dedicated professionals, supportive policies, multiple contacts of public health midwives with pregnant and postpartum women, use of a variety of communication channels, and extensive lactation management training for nearly all health workers in the field and in major hospitals. Sri Lanka was one of the first countries in the world to develop supportive policies, including maternity protection legislation and a code of marketing of breastmilk substitutes prior to the formulation of the International Code. Read more about Sri Lanka in the consolidated report of a six-country case study on breastfeeding programmes:

[http://www.unicef.org/nutrition/files/IYCF\\_Booklet\\_April\\_2010\\_Web.pdf](http://www.unicef.org/nutrition/files/IYCF_Booklet_April_2010_Web.pdf)

**Ghana: Not giving water to infants under six months dramatically increases exclusive breastfeeding rates.** At the national level, exclusive breastfeeding of infants less than six months old increased from 6 percent in 1993, to 31 percent in 1998, and to 54 percent in 2003. Many Ghanaian mothers, in common with other countries in West Africa, particularly the Sahel, commonly give water along with breastmilk to their infants before the age of six months. Successful advocacy efforts by development partners prompted the Ghana Health Service to include breastfeeding promotion and protection among its top five child survival strategies and to dedicate resources for breastfeeding. Counseling and communication messages focused on convincing caregivers and families not to give

water to infants less than six months old. A variety of community activities were implemented through different channels, including community outreach activities by nurses, mothers clubs and mother-to-mother support groups and behavior change communication activities through print, radio and traditional media. The experience of community mobilization in Ghana showed the importance of engaging a diversified set of development partners as well as women's groups, grandmothers and husbands, and local media in breastfeeding promotion. See the Ghana case study in *Learning from Large-Scale Community Based Programmes to Improve Breastfeeding Practices*. WHO/UNICEF/AED/USAID, 2008.  
<http://www.who.int/nutrition/publications/infantfeeding/9789241597371/en/index.html>

## C. TAKE ACTION IDEAS

### Be informed through *Facts for Life!*

Breastfeeding is one of the 14 chapters in *Facts for Life*, the practical handbook of essential information from UNICEF, WHO and six international partner organizations for raising healthy children. There is useful information here for all audiences. For example:

**For community leaders and mobilizers** – including anyone planning or organizing campaigns and programmes – there is essential advice on changing behaviors, knowing the “baseline” behaviours (pp. xi-xiii).

**For educators, communicators and cultural brokers**, many ideas are given on how to adapt messages for your local situation, how to give people a chance to absorb the information, and how to use a mix of communications channels (pp. xiv-xvii).

**For mothers, caregivers and health care workers**, 8 key messages about breastfeeding appear on pgs 47-59, answering questions like:

- Why is breastmilk alone best for a 0-6 months infant?
- How soon should breastfeeding begin?
- How is it done well and how often?
- How does breastfeeding protect children?
- What about bottle feeding and breastmilk substitutes?
- What should an HIV-infected mother know?
- What support do breastfeeding mothers need who work outside the home?
- How long do you advise breastfeeding to continue?

At the <http://www.factsforlifeglobal.org> home page, look to the column on the right-hand side to easily click on the breastfeeding chapter. You can download this latest January 2010 version in PDF (English, French, Spanish) and plain text file (English). You can also post comments, share experiences or discuss issues on the website's forum. Email: [ffl@unicef.org](mailto:ffl@unicef.org). Print copies, US\$15 each (ISBN 978-92-806-4466-1; Sales Number E.09.XX.24. Price \$15.00).

## Connect with colleagues

Be encouraged by the ample sharing of resources in the world community concerned about child survival and health through breastfeeding.

**Health care directors, trainers and practitioners**, a 2006 integrated training course is available to you through WHO's "Infant and young child feeding counseling: an integrated course." This is very much needed to ensure best practices in breastfeeding and complementary feeding and to avert malnutrition. You can find a Director's Guide, Trainer's Guide, Participant's Manual, and Guidelines for follow up after training and slides at:

[http://www.who.int/nutrition/iycf\\_intergrated\\_course/en/index.html](http://www.who.int/nutrition/iycf_intergrated_course/en/index.html). Also on the WHO nutrition web page, you will find the full package of materials for the Baby Friendly Hospital Initiative, including a 3-day course on lactation management for health providers:

<http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html>

If you work in pre-service training of health professionals, WHO has a "Model Chapter" on infant and young child feeding that can be integrated within the curriculum. It is available at:

<http://www.who.int/nutrition/publications/infantfeeding/9789241597494/en/index.html>

**Health care workers**, this IBFAN publication is for you. "Protecting Infant Health" is a guide to the International Code of Marketing of Breastmilk Substitutes (11<sup>th</sup> edition). It especially addresses issues about commercial influence on health professionals and in health facilities," showing how active use of the Code can make a difference, protect breastfeeding and save lives. Cost: US\$5 for non-profits and US\$10 for others. Postage determined by number of copies and destination.

<http://www.ibfan.org/code-publications.html>

Another resource for medical professionals is a self-learning module on lactation management produced by Wellstart International. The New Revised 3rd Edition of Wellstart's Lactation Management Self-Study Modules, Level 1, is downloadable without charge from: [www.wellstart.org](http://www.wellstart.org)

**Lactation professionals** need to know about the International Lactation Consultant Association, a worldwide network. It is a leadership, advocacy, professional development, and research organization of 5,000 members in 50 nations. <http://www.ilca.org/i4a/pages/index.cfm?pageid=1>. The *International Board Certified Lactation Consultant (IBCLC)* credential identifies a knowledgeable and experienced member of the maternal-child health team who has specialized skills in breastfeeding management and care. The IBCLC certification program is available globally. <http://www.ibclce.org>

**Mothers**, La Leche League International is devoted to helping mothers to breastfeed through mother-to-mother support and education, and to promote understanding of how breastfeeding benefits healthy development for both mothers and their children. <http://www.llli.org/> For information on its classic publication "The Womanly Art of Breastfeeding," see <http://store.llli.org/public/profile/414> .

**National policy and action strategists**, delve into "Planning guide for national implementation of the global strategy for infant and young child feeding (2007)". It is especially for those who work in national strategy, policy and action plans: governmental programme managers and their partners working in maternal and child health and nutrition.

[http://www.who.int/nutrition/topics/global\\_strategy/en/index.html](http://www.who.int/nutrition/topics/global_strategy/en/index.html)

(See Related Documents > planning guide)

**Policy-makers and the public concerning breastmilk substitutes**, WHO published "Frequently Asked Questions: on the International Code of Marketing Breastmilk Substitutes in 2006.

Breastfeeding remains the primary recommendation. But if babies are not breastfed for whatever reason, the Code seeks safe feeding on best available alternatives, while not actively promoting them. [http://www.who.int/child\\_adolescent\\_health/documents/9241594292/en/index.html](http://www.who.int/child_adolescent_health/documents/9241594292/en/index.html)

A related resource is WHO's 2009 "Acceptable medical reasons for use of breast-milk substitutes."

[http://www.who.int/child\\_adolescent\\_health/documents/WHO\\_FCH\\_CAH\\_09.01/en/index.html](http://www.who.int/child_adolescent_health/documents/WHO_FCH_CAH_09.01/en/index.html)

**U.S. state/local advocates, communicators and educators** will appreciate the Centers for Disease Control's *Guide to Breastfeeding Interventions*. You can download the entire guide or the chapters separately, such as on breastfeeding in the workplace, social marketing, public acceptance, and hotlines.

<http://www.cdc.gov/breastfeeding/resources/guide.htm>

**Employers and managers** can support women to breastfeed by putting in place workplace policies that help facilitate this: appropriate maternity leave, breastfeeding breaks, breastfeeding/pumping rooms, flexible working hours and so forth.

*The World Alliance for Breastfeeding Action Maternity Protection Campaign Kit* contains all the background information, tools and examples needed to assist in organizing a successful maternity protection campaign. <http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm>

*The Maternity Protection Campaign Kit* from La Leche league addresses the issue of returning to work and breastfeeding. It provides ways to be proactive about educating your supervisor and legislative information about your rights at work.

<http://www.lli.org/Law/LawEmployment.html>

## Do what you can

Each of us brings gifts of experience, perspective and insight to the challenge of saving lives through breastfeeding. Do what you can, and it will inspire others to join in. For example:

**Community organizers** can identify who can do which task most effectively, assess what needs to be done, coordinate programs/events, and link groups together to reach goals.

**Educators/communicators** can inform and motivate audiences through speaking, training, and finding culturally-sensitive and effective ways to do so.

**Everyone** can help by finding a way to be supportive; for example by volunteering at events, assisting leaders, and spreading key messages.

**Fathers, partners, and other family members** can support the breastfeeding relationship by being kind, appreciative and encouraging to the breastfeeding mother, being good listeners when a mother needs to talk through [breastfeeding concerns](#), making sure the mother has enough to drink and gets enough rest, helping around the house, and taking care of other children at home.

**Media professionals** can develop a contact list, write press releases or op-eds, tell the stories locally, showcase positive images and stories of breastfeeding and send the electronic links to DPAC.

**Medical professionals** can play a crucial role by being pro-breastfeeding; they can work towards making their clinic or ward “baby friendly” by applying the Ten Steps to Successful Breastfeeding, educating themselves on how to counsel and support mothers to breastfeed, taking courses on lactation management and referring new mothers to support services close to their homes.

**Mothers** can share their concerns and experiences about keeping their families, the community, health facilities, the media and employers focused on what is really needed to help them.

**Policy-makers** can promote breastfeeding through new programs or integrate the issue into existing strategy plans.

**Religious leaders** can set the tone, promote open discussion, lift up the spirituality of life-giving actions, mentor new leaders and invite/urge participation from their community.

**School teachers** can include the scientific background to the benefits of breastfeeding in relevant classes and can also foster a positive image of breastfeeding; school children can be highly effective advocates in their households and transmit information to members of their families.

## **Listen to and share the stories of breastfeeding mothers**

Stories of mothers’ experiences with breastfeeding are a powerful means of communication on breastfeeding. A mother who has successfully breastfed and shares her experiences with other mothers and their families can be a highly credible source of inspiration, motivation and confidence. Learning about how she overcame various challenges can help other mothers who also face these challenges. The experiences of mothers and their perspectives highlight the human, personal aspect of breastfeeding, the bonding experience of mother and baby, recommended sources of support, and even the humorous side of the situation. All of this can be very effective in promoting breastfeeding in an accessible and engaging way.

The stories can be shared via family and friends, as part of a peer support programme, on the radio or TV, in magazines and on the internet. Here are a few examples from the US Department of Health and Human Services website (see below for the link).

### ***Didn’t Intend to Breastfeed, But Stuck With It***

*By Yvonne from Arizona, USA*

I was very against breastfeeding. When I got pregnant my husband wanted me to at least try it. Well I did, and it hurt and I even came close to having an infection on my nipple. But I couldn't stop now because the bond that my baby and I had formed in just those few days was priceless. I loved every moment of it. I nursed him faithfully until he was one, and did I mention that I work 40 hours a week, too? Well then I got pregnant again. This time formula wasn't even an option after the close bond I formed with my first son. My baby is now 9 months and is breastfed only. His lips have never tasted formula and I can honestly say that both my boys are very healthy. I encourage every mother to nurse if you can. If I can after having a cracked nipple, surgery, and working full time, then anyone can.

## ***Painful at First, Satisfying to Hang in There***

*By Jessica from New Mexico, USA*

I had my daughter 6 months ago. She was a latching pro when she was born. The reading material and videos helped me learn about different positions and to prevent clogged ducts and treat sore nipples. I can tell you, it was very painful for about the first 8 weeks. Then it became so convenient after that. The best part of breastfeeding was the fact that I was able to give my baby the very best -- all the nutrients that her little body needed to be healthy. And I think the bond that you will form with your baby is important, too. I wish I could have breastfed longer, but I had to go back to work and I wasn't producing enough to pump up a supply. I would tell other mothers to hang in there, take it day by day (literally). It will not be the easiest thing you ever do, but probably the most satisfying. You will not regret it, I will tell you that!

## ***More than Milk***

*By Betsy from Illinois, USA<sup>10</sup>*

Lisa, a mother of three, had no doubt that she wanted to breastfeed. During her first pregnancy, she read all she could find on the subject and queried friends, family, and even strangers about whether or not they had breastfed.

"When I noticed a woman nursing discreetly under a tree," Lisa confessed, "I lowered myself and my bulging belly down beside her on the blanket and bombarded her with every hope and concern I had about breastfeeding. She graciously listened and answered all my questions. Her enthusiasm was so contagious that I couldn't wait to breastfeed."

A short time later, Lisa gave birth to a son, Kyle. Her preparation for breastfeeding paid off and Kyle thrived on his mother's milk. Yet within weeks Lisa discovered something about breastfeeding that no one had talked about: breastfeeding as a style of mothering as well as a method of feeding. The art within the act helped Lisa both nurture and nourish her new baby.

"The first thing I did when Kyle cried or fussed for any reason was to put him to my breast," Lisa explained. "It made mothering so much easier than I ever thought it could be."

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<sup>10</sup> From NEW BEGINNINGS, Vol. 13 No. 2, March-April 1996, pp. 36-9

## Seek wisdom from your faith tradition

**Religious leaders and people of faith**, pray about what avenues are open to you for creating awareness, advocating, or lending support for breastfeeding.

Is there advice from your faith tradition about infant nutrition or breastfeeding? If so, in what way can you help communicate that message? Who can you enlist to help you?

Are you planning a worship and action event on or around November 20 for Universal Children's Day? See [www.dayofprayerandaction.org](http://www.dayofprayerandaction.org) for more information including a planning guide. How can you incorporate infant nutrition and breastfeeding as an issue for that day? Might you write prayers, or organize an educational event?

**Catholic religious leaders** may find of particular interest the Papal Statement on Breastfeeding, by Pope John Paul II on May 12, 1995. It was delivered at a study session on breastfeeding, science and society organized by the Pontifical Academy of Sciences and the Royal Society of Great Britain. The webpage where it appears also includes an excerpt from Pope Pius XII's address to the Women of Italian Catholic Action, a group of midwives, on October 26, 1941. The link comes from the Couple to Couple League for Natural Family Planning in San Antonio. <http://cclsanantonio.org/resources/article.asp?cid=1&AID=7>

**Christian religious leaders**, here is a faith-based article on "Breastfeeding and the Bible," from Gentle Beginnings, the website of Certified Professional Midwives of Corpus Christi, Texas. <http://www.texas-midwife.com/breastfeeding.htm>

**Imams and Islamic religious leaders** can find thoughtful information in the 2005 manual "Children in Islam, Their Care, Protection and Development" from UNICEF and Al-Azhar University in Cairo, Egypt. It includes research papers and extracts of Koranic verses, Hadiths and Sunnas on children's rights to health, education and protection.

For a news release about the book, see [http://www.unicef.org/media/media\\_30158.html](http://www.unicef.org/media/media_30158.html)

For a downloadable copy, see [http://www.unicef.org/egypt/media\\_2369.html](http://www.unicef.org/egypt/media_2369.html).

For a summary on breastfeeding, see [http://www.unicef.org/egypt/media\\_2369.html](http://www.unicef.org/egypt/media_2369.html), click on the English summary link and scroll to page 6.

## See the value of questions

**New breastfeeding advocates and organizers**, there is much available to help you, and many people are already at work. Please know that your participation and role is still very much needed. The background that you bring, and even the fresh perspectives, will enhance your contribution to the efforts. Trust that the questions you ask are steps leading to the final outcome.

For example:

What have you observed in your community's views on breastfeeding?

What have you noticed about the local media's portrayal of breastfeeding?

Which women's groups could be influential in advocacy, education, and outreach?

Which other groups can lend support?

Who needs to be invited to join in to make your effort a success?

There is a lot of information out there. Be aware that the sources of information on breastfeeding are not always what they seem. You may come across pages on a website or leaflets that appear to provide information on breastfeeding. But if you look closely, you will see that some of the information

is incorrect. It may undermine a mother's confidence to breastfeed or contains promotional materials for breastmilk substitutes.

You can place more trust in organizations, sites and publishers that are not connected to commercial interests in breastmilk substitutes. If they do not accept funding from manufacturers or distributors of formula or infant foods, for example, their information is more likely to be correct and in line with national and global infant feeding recommendations, as well as free from influence or bias. A formula company that provides information on breastfeeding or a website funded by a formula company represents what is called a "conflict of interest" in the International Code of Marketing of Breastmilk Substitutes.

**New mothers**, if you like question and answer formats, have a look at La Leche League's "Frequently Asked Questions" on its website: <http://www.llli.org/FAQ/FAQSubject.html?m=0,0,3>

And here is a selection of other useful websites (in English) in industrialized countries containing good breastfeeding advice, frequently asked questions, resources, links and stories:

The US Department of Health and Human Services breastfeeding pages:

[http://www.womenshealth.gov/breastfeeding/index.cfm?page=home&qclid=CP6Pn\\_OHngMCFRb\\_iAod4nk5gg](http://www.womenshealth.gov/breastfeeding/index.cfm?page=home&qclid=CP6Pn_OHngMCFRb_iAod4nk5gg)

<http://www.breastfeedingnetwork.org.uk/> is a UK-based website. The UK's National Health Service also has a good site on breastfeeding: <http://www.breastfeeding.nhs.uk/>

<http://www.breastfeeding.asn.au/> is a site based in Australia.

<http://www.breastAndfeeding.org.sg/> is a site based in Singapore.

## **Take action for infant nutrition and breastfeeding**

Share these facts and action ideas with others to inform them and encourage action. Use the Day of Prayer and Action for Children (Universal Children's Day, 20 November), as a catalyst for action. Work with volunteer groups in your community or overseas to protect children and safeguard maternal health. Raise awareness and provide leadership where you can. Your advocacy can save lives!

Please email news of your breastfeeding promotion work to Meg Gardinier, Director, at [mgardinier@dayofprayerandaction.org](mailto:mgardinier@dayofprayerandaction.org). Thank you!

This breastfeeding guide was compiled and edited by Lily R. Wu, consultant, with strong technical support from the UNICEF Nutrition Section. A special note of thanks is due to Christiane Rudert and Mandana Arabi from UNICEF Nutrition for the generous sharing of their expertise.